

<b>Case Number:</b>	CM14-0072854		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 09/23/2004. The mechanism of injury was noted to be a fall. Her diagnosis was noted to be lumbar radiculopathy. Prior treatments were noted to be medications and psychotherapy. Diagnostic testing includes EMG/NCS. The injured worker had multiple surgeries. The injured worker had a clinical evaluation on 06/30/2014. Her subjective complaints were low back pain and right sciatica. Current medications include hydrocodone, ibuprofen, Prilosec, Prozac, Soma, stool softener, and Wellbutrin. The musculoskeletal examination notes tenderness in the paravertebral muscles of the lumbar spine and the left sciatic notch. It is noted as a comment in the musculoskeletal examination that range of motion was not attempted at this visit because of increased back pain and iliac crest pain. The injured worker ambulated with a cane. The neurological/psychiatric examination was within normal limits, except for mood and affect. The injured worker was noted to be anxious. The treatment plan was for intrathecal morphine, clonidine, continue Soma and hydrocodone, and re-evaluation in 1 month. The rationale for the request was noted in the treatment plan of the physician's progress report dated 06/30/2014. A Request for Authorization form was not provided with this review for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psychiatric Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, On-Going Management, page 78. The Expert Reviewer's decision rationale: The request for psychiatric consultation is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines address opiates' ongoing management. The guidelines state "consideration of a consultation with a multidisciplinary pain clinic if opioid doses are required beyond what is usually required for the condition, or pain does not improve on opiates in 3 months. Consider a psych consult if there is evidence of depression, anxiety, or irritability. Consider an addiction medicine consult if there is evidence of substance misuse." In the review of systems of the clinical evaluation on 06/30/2014, it is noted the injured worker has a history of reactive depression secondary to pain. In the musculoskeletal examination, under general appearance and inspection/palpation, it is not noted that the injured worker has uncontrolled psychiatric symptoms. The injured worker does have an opiate history. It is not noted that symptoms of pain have not improved with opioid use for 3 months. Due to lack of documentation of a 3-month duration of uncontrolled pain and lack of effectiveness with opiates, the injured worker does not have a medical necessity for a psychiatric consultation. Therefore, the request for psychiatric consultation is denied due to not medically necessary according to the guidelines.

**Prozac 20mg bid (no quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Major depressive disorder (MDD).

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental & Stress, Major depressive disorder (MDD). The Expert Reviewer's decision rationale: The request for Prozac 20 mg twice a day (no quantity) is not medically necessary. The Official Disability Guidelines addressed anti-depressants for treatment of major depressive disorder. Antidepressants are recommended for initial treatment of presentation of major depressive disorder that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Antidepressants are not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. Specifically, the antidepressant medication Prozac has been found to compromise the success of smoking cessation efforts. The documentation provided for review does not indicate major depressive disorder. As such, the request for Prozac 20 mg twice a day (no quantity indicated) is not medically necessary.

**Ibuprofen 800mg-tid (no quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, page 22. The Expert Reviewer's decision rationale: The request for ibuprofen 800 mg (no quantity) is not medically necessary. The clinical evaluation does not provide documentation of efficacy with use of 800 mg ibuprofen. The California MTUS Chronic Pain Medical Treatment Guidelines address anti-inflammatory medications. Anti-inflammatories are the traditional first line to treatment to reduce pain, so activity and functional restoration can resume, but not long-term use because they may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-steroidal anti-inflammatory drugs in chronic low back pain and of antidepressants in chronic low back pain. Long-term use of NSAIDs is not recommended. Documentation of efficacy is required. The documentation provided with this review does not indicate efficacy and how long the injured worker has been utilizing this medication. In addition, symptom management was not noted to be reduction of pain or additional functional restoration due to success with anti-inflammatory treatment. Therefore, the request for ibuprofen 800mg (no quantity) is not medically necessary.

**Senokol 2 hrs. (no quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Initiating Therapy, page 77. The Expert Reviewer's decision rationale: The request for Senokot 2 hours (no quantity) is not medically necessary. The MTUS guidelines recommend prophylactic treatment of constipation. The documentation provided does not indicate constipation. It also is not noted if an opioid has been recently initiated. The request fails to provide a dose and a quantity. As such, the request for Senokot 2 hours (no quantity) is not medically necessary.